

TRANSMITTAL FORM

	Application Number	10/520,957
	Filing Date	November 30, 2005
	First Named Inventor	Per Gisle Djupesland
	Group Art Unit	3771
	Examiner Name	Clinton T. Ostrup
	Attorney Docket No.	44508-160
	Patent No.	Not yet assigned
	Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
1585 Broadway
New York, NY 10036-8299
Tel. No.: (212) 969-3000
Fax No.: (212) 969-2900

SIGNATURE BLOCK

Respectfully submitted,

Date: December 22, 2009

/Isaac A. Hubner, Reg. No. 61,393/
Isaac A. Hubner, Reg. No. 61,393
Agent for the Applicants
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600

Tel. No.: (617) 526-9893
Fax No.: (617) 526-9899